Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a year OMB controllumber. PTO/SB/0(12-04) Approved for use through 7/31/7008, OMB 061-0031 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 1849 APPLICATION AS FILED - PART I (Column 1) OTHER THAI (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE PLATE (T) (3) CFR 1.16(0), (b), or (c)) FEE (1) NA NA FEE (1) NA SEARCH FEE 150.00 NIA 300.00 (37 CFR 1 16(14), (1), or (m)) · NA N/A. NA **EXMUNATION FEE** \$250 NVA \$500 (31 CFR 1.16(0), (p), or (q)) NA 1 NA NVA \$100 TOTAL CLAME NIA \$200 (1) OFR 1.16(H) minus 20 a X\$ 25 .. INDEPENDENT CLAIMS X\$50 OR. (37 CFR 1.16(N) minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(II) +180= +360= . If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER AMENDMENT RATE (1) ENDMENT PREVIOUSLY ADDI-**EXTRA** RATE (\$) MONAL Ann PAID FOR Total TIONAL FEE (1) FEE (\$) DI CER LACIU HO X\$ 25 Independent DI CFR 1.1668 X\$50 Minus. OR 3 X100 Application Size Fee (37 CFR 1.16(s)) X200 OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT RATE (1) AMENDMENT AFTER PREVIOUSLY ADDI-EXTRA RATE (1) AMENDMENT ADDI-TIONAL PAID FOR Total profesion FEE (1) TIONAL Minus FEE (1) X\$ 25 Independent profes Light X\$50 Minus OR X100-Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360= OR TOTAL TOTAL

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The This heat Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain by retain a benefit by the public which is to life (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Three way very depending upon the individual case. Any comments and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentis, P.O. Box 1460. Alexandria, VA 22313-1450.